

BEST AVAILABLE

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | J.A. | | 6/16/99 |
| O.I.P.E. CLASSIFIER | Dr | 32 | 6/24 |
| FORMALITY REVIEW | | 71622 | 6-29-99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 6/21/03 |
| 2 | 9/5/03 |
| 3 | 9/23/03 |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

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